

Special Arrangements Application Form

Examination Period		Level	
Examination Centre (preference)			
Examination type	<input type="checkbox"/> Paper <input type="checkbox"/> Online		
First Name			
Surname			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth			
Address			
Postal Code		City / Area	
Telephone		Mobile	
Email			
Please, tick the evidence attached in your form	<input type="checkbox"/> Proof of handwriting (2 texts) <input type="checkbox"/> Medical or Psychological Evidence (translated in English)		

Please, complete all personal details with capital letters and Latin characters according to ELOT and the candidate's I.D./Passport

<p>GDPR Statement (It is obligatory to tick the boxes below.)</p> <p>I undertake a warrant that I, the signatory person, am personally the subject of the above personal data and the relevant documentation or, that am legally entitled, to submit them to OCN London bearing all legal liability and I fully consent for every necessary use of them, i.e saving in digital file or hard copy or/ and forwarding to any other third party, for the cause of registration and participation to OCNLR in ESOL International.</p>
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Candidate's Name _____ **Signature** _____
Date _____

For UCert use only. Please, do not write at this page.

Please, specify any action taken to ensure that the Reasonable Adjustments and Special Considerations have been made for the particular candidate.

Name of Staff Member _____

Signature _____

GROUP

ΟΜΙΛΟΣ ΕΚΠΑΙΔΕΥΣΗΣ
& ΠΙΣΤΟΠΟΙΗΣΗΣ